

Improved Rate of Foetal Conception among Women through Reduction in Frequency of Uterine Fibroid.

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Abstract

This paper focused on causes, effects and reduction of uterine fibroid in women. Questionnaires were the method of elucidating information from respondents through the simple random sampling procedure. The research was carried out in four medical centres namely: Calvary medical centre, Charity Hospital, General hospital and Victory Medical Centre, all in Okene, Kogi State. The data collected were analyzed and the following conclusions were made: Firstly, besides heredity and age, alcohol and caffeine intake over a prolong period of time can precipitate uterine fibrosis, and secondly, the direct effect of fibroid are miscarriages, emaciation as well as prolong and profuse bleeding during menstruation. It was therefore recommended among others that women should avoid alcohol and caffeine consumption which predisposes them to uterine fibroid, an early marriage is favoured rather than delayed (late) marriage, and that an early visit to a medical doctor for scanning and proper diagnosis might be useful in eliminating or reducing the incidence. Myomectomy and hysterectomy should only be considered as last resorts.

Key Words: *uterine fibroid, excessive bleeding, pains, myomectomy, hysterectomy.*

Introduction

Uterine fibroids, also called fibroid tumors, fibromyomas, myoma or leiomyomas, are non-cancerous tumors that develop in a woman's uterus, (Yang, Fang, Gurates, Tumura & Zhouj, 2001). The term "uterine fibroid" was coined and introduced in 1860 by Rokitansky and in the 1863 by Klob. In 1854, a German pathologist named Virchow demonstrated that fibroids were composed of smooth muscle cells, it was Virchow who introduced the word "myoma", (Garg, Tic Koo, Soslow & Reuter, 2011; Hodge & Mortance, 2007; Gupter, Siaha, Lumden & Hickey, 2014).

Most women reported fears associated with their fibroids including being afraid that the fibroids will grow bigger as well as fears regarding relationships, sexual function, body image, loss of control and hopelessness, (Maruo, Ohora, Wang & Matsuo, 2004; Okolo, 2008). Many women were concerned about their emotions from work due to the fibroid symptoms they passed through; felt that the symptoms prevented them from reaching their career potential. The vast majority preferred a minimally invasive treatment option that preserves the uterus, (Perez-Lope, 2015; Rein, 2000). Having better treatment option was particularly important to African-American women respondents who experienced its impact on fertility earlier in their lives,

(Banks & Cartis (2011). Uterine fibroids have threefold increased relative risk and prevalence among Africa-American women and an earlier onset. The study demonstrated that the burden of uterine fibroid is even more extensive for African women than previously reported. Previous researchers found that African-American women were significantly more likely to have severe or very severe symptoms, including heavy and prolonged menses and anemia. Uterine fibroids are the leading cause of hysterectomy in the United States with merely half of hysterectomies being performed for uterine, (Nezhat, & Kho, 2010). Fibroid hysterectomy involves permanent removal of uterus, which prevents fibroids-recurrence but also result in loss of having a fibroid treatment option that allows them to keep their uterus and 84 percent stated they preferred a treatment option that does not involve any invasive surgery of any kind, (Wallach, & Wahos, 2004).

Background of the study

In 1809, Danville, USA, the first laparotomy was performed consequently to an indication of myoma, (Wallach, & Wahos, 2004). Mrs. Jane Todd Crowpod, president Abraham Lincoln's cousin, was 56 years old when she had an abdominal distention that appeared as if she was pregnant with twins. Laxatives, enemas and phytotherapy were given as treatments to relieve the distention and volume in the abdomen, a surgeon named Ephraim Medowell performed a laparotomy to remove the ovarian Cyst containing complex content.

The first successful operation of uterine fibroid through myomectomy was performed by Jean Zulema Amussat of Paris in 1842, (Tolvanen, Uimari, Ryyanen, Aaltonen & Vahteristo, 2012). Amussat reported two submucous-fibromyomas cases in which vaginal myominal myomectomy operation that appeared in American journal of medical science in 1845 was reported. In 1853 Gilman Kirn ball of Massachusetts conducted the first deliberate myomectomy after diagnosing his patient with uterine fibroids, he is also the first doctor to successfully perform a hysterectomy for the purpose of removing uterine fibroid, (Tolvanen,Uimari,Ryyanen,Aaltonen&Vahteristo,2012). Myomectomy was abandoned until 1922 when British surgeon Victor Bonny, invented the clamp for myomectomy in an attempt to decrease intra-operatotomy bleeding. By 1930 Victor reported 403 myomectomy cases with minimal fertilities. As medical knowledge evolved, so did the treatment methods for uterine fibroids. Today, technology has advanced and there is a commercial treatment available for uterine fibroids with a very quick recovery time as there is no cutting, no general anesthesia, (Garg, Tic Koo, Soslow & Reuter, 2011).

Hysterectomy remains to be the most common treatment for large fibroids. This procedure requires the patient to stay admitted in the hospital with a recovery period of up to six weeks. Hysterectomy involves the surgical removal of the fallopian tubes, ovaries and cervix, (Gupter, Siaha, Lumden, & Hickey, 2014).

Statement of the problem

Uterine fibroids are non cancerous growth that develops from the muscular tissue of the uterus. Most women will develop uterine fibroids (also called leiomyomas) at some point in their

lives, although most causes no symptoms. This abnormal outgrowth in the uterus poses lots of concern, embarrassment and causes fertility problem to its victim. It is these concerns that this work sought to address.

Purpose of the study

The purpose of this study was to identify uterine fibroid in women undergoing abdominal-pelvic or pelvic ultrasound scan at three major diagnostic centers. The outcome is expected to help in appropriate policy formulation as regards uterine fibroids and women in Nigeria. Such policies would assist in reducing the incidence/choice of treatment optioned with minimal adverse effect.

Research hypothesis

The research hypotheses formulated for the purpose of this research study were:

1. There are many causes of uterine fibroid.
2. Uterine fibroid affect women in several ways.
3. There are several remedies for uterine fibroid.

Significance of the study

Uterine fibroids causes' significant fear and morbidity and can compromise workplace performance according to a recently published survey of nearly 1000 women in the U.S. Proper control of the incidence of fibroid among women would give families hope again of having children, reduce marital unfaithfulness, reduce polygamy resulting from the search for babies as well as bring inspirational joy and vigor to the woman's vocation.

Research methodology

Research design

The design for this research work was a survey type. Four medical centres in Okene were used for the study.

Population

The population for this research were medical personnel of some selected medical centres in Okene, Kogi State.

The medical centres sampled were:

- i. Calvary medical centre
- ii. Charity hospital
- iii. General hospital
- iv. Victory medical centre

Sampling procedure

The sampling procedure used by the researcher was the simple random sampling procedure. It was used by the researcher in order to critically examine the causes, effects and reduction of uterine fibroid among women.

Research instrument

The instrument used in collection of data from the selected medical centres was the questionnaire formulated.

Method of data analysis

The data gathered from these questionnaires were analyzed by using frequency charts and simple percentages to find out the relationship between each response to each of the items in the questionnaire. The following was used:

$$R/S \times 100/1=P$$

Where R= No of Respondents

S= Total no. of sample

P= Percentage

Collection and treatment of data

The writer carried out a review among medical personnels in hospitals and the results were presented in the tables below.

Research Hypothesis 1: Uterine fibroid is found in the uterus

Table I: Table showing the result of where uterine fibroid is found.

ns	nse	ntage (%)
d		
ly agreed		
eed		
ly disagreed		

From the above table, the data showed that 85% of the respondents gave positive responses that uterine fibroid is found in the uterus.

Research Hypothesis 2: Uterine fibroid can lead to premature death

Table II: Table showing whether uterine fibroid can lead to premature death.

ns	nse	ntage (%)
d		
ly agreed		
eed		
ly disagreed		

From the above table, the data showed that 75% of the respondents gave positive responses. The researcher concludes that uterine fibroid can lead to premature death.

Research hypothesis 3: Fibroid grows just like babies grow in the uterus.

Table III: Table showing whether fibroid grows like babies in the uterus

ns	nse	ntage (%)
d		
ly agreed		
eed		
ly disagreed		

From the above data 95% of the respondents gave positive responses. Therefore the researcher can suggest that fibroid grows just like babies grow in the uterus
 Research hypothesis 4: A woman with fibroid normally appeared to be pregnant.

Table IV: Table showing whether a woman with fibroid normally appeared to be pregnant.

ns	nse	ntage (%)
d		
ly agreed		
eed		
ly disagreed		

From the above table 40% respondents agreed as well as 40% of the respondent strongly agreed. The researcher was able to make assumption from this finding that women with fibroid normally appeared to be pregnant, although there may be deviations.
 Research hypothesis 5: Alcohol and caffeine intake accelerate the development of fibroid.

Table V: Table showing whether alcohol and caffeine intake accelerate the development of fibroid.

ns	nse	ntage (%)
d		
ly agreed		
eed		
ly disagreed		

The above data indicated that 60% of the respondents gave positive responses. This enabled the researcher to ascertain that alcohol and caffeine accelerates the development of fibroid.
 Research hypothesis 6: Large fibroid can occasionally cause obstruction of the ureters

Table VI: Table showing whether large fibroid can occasionally cause obstruction of the ureters

ns	nse	ntage (%)

id		
ly agreed		
reed		
ly disagreed		

The researcher was made to understand from the above table that 75% of the respondents gave positive responses. The researcher was able to draw conclusion that large fibroid can occasionally cause obstruction of the ureters.

Research hypothesis 7: Fibroids are common in women.

Table VII: Table showing whether fibroids are rampant among women.

ns	nse	ntage (%)
id		
ly agreed		
reed		
ly disagreed		

The above shows that 80% of the respondents disagreed. The researcher was able to conclude that fibroids are not rampant among women, though there are many reported cases.

Research hypothesis 8: Uterine fibroid can cause miscarriage.

Table VIII: Table showing whether uterine fibroid can cause miscarriage.

ns	nse	ntage (%)
id		
ly agreed		
reed		
ly disagreed		

The above data showed that 100% respondents were positive that uterine fibroid is a major cause of miscarriage in women that are victims.

Summary of findings

The work was based on the causes, effects and reduction of uterine fibroid in women. The investigation was carried out using questionnaire developed by the researcher through which insights and information about the causes, effects and reduction of uterine fibroid among women were elucidated. The work revealed that uterine fibroid is usually found among the female gender, in which many, with some exceptions have protruding lower abdomen of a pregnant woman. This implies that a fibroid uterus appears to be falsely carrying a foetus. It

often than none leads to prolong and profuse bleeding which may result in the victim becoming anaemic, weak, emaciated and in very severe unattended cases, may lead to the demise of the individual. According to the findings in Research Hypothesis VIII, uterine fibroid is the consequent of miscarriages and childlessness in certain families. Besides profuse bleeding and miscarriages, uterine fibroid often led to urinary impairment because the uterine mass presses against the ureters and the urinary bladder resulting in frequent, trickling urine drops. Although, it is not very certain as to the causes of uterine fibroid, however, results from Research Hypothesis V, highlights that consumption of alcohol and caffeine may precipitate abnormal uterine wall cell multiplication which presumably leads to fibroid formation.

Conclusion

The results were consistent with available data that uterine fibroids are a common concern for women in-fertile age, especially in the age group of the over 40s, although patients of much lesser ages have been recorded. Uterine fibroids can cause multiple bleeding and pain symptoms which might have a negative impact on women's life, influencing their sexual, social and work life. Despite these consequences, uterine fibroid data, especially on epidemiology, symptomatology and its impact on women's health are still limited and further research is required.

Recommendations

1. All women from the ages of 25-45 should go for regular medical check-ups to diagnosis if there is fibroid growth in their uterus
2. Pregnant women are advised to go for scanning to ascertain the uterus content
3. Pain control is by the administering of inflammatory pain reliever, such as Ibuprofen
4. Early marriage (marriage around early to mid 20s) is suggested in a bid to reduce the development of fibroid before child-bearing
5. Avoidance of risk factors such as alcohol and caffeine consumption should reduce the incidence of uterine fibroid, which in turn would afford many of the womenfolk of child-bearing ages to conceive babies.
6. Surgery is the only measure to remove large or multiple growths (myomectomy) of fibroids
7. If no other treatment works, hysterectomy should be performed.

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